

CONTINUED OCCUPANCY AGREEMENT

The City of Marietta Housing Choice Voucher Program (CMHCVP) will terminate the Housing

Assistance Payment (HAP) Contract with _____

(Owner)

On behalf of _____ for the assisted unit at
(Family)

(Address)

Effective _____. The Owner _____

and Family _____ wish to continue the tenancy for:

- ☐ Another lease period; or
☐ Holdover –Not to exceed Thirty Days (30)-HAP will be paid at current HAP rate for
Holdover Period Only

Reason for HAP Termination:

- ☐ HQS Abatement
☐ Tenant Request to Move
☐ Landlord Request to Terminate Lease

We understand that No HAP will be paid to the Owner for the period the unit did not meet
Housing Quality Standards (HQS). All HQS deficiencies have been corrected and the unit passed
inspection on _____.

Owner

Date

Family Head of Household

Date

City of Marietta HCVP Representative

Date